K052456

NOV - 4 2005

510(k) Summary

General Information

Submitters Name/Address: BlueSky Medical Group, Inc.

5924 Balfour Ct., Suite D

Carlsbad, CA 92008

Establishment Registration Number: 2032666

Contact Person: Jasper Benke

Phone Number: (760) 603-8130

Date Prepared: August 30, 2005

Device Description

Trade Name: Versatile 1TM Wound Vacuum System

Generic/Common Name: Suction Pump and Accessories

Classification Name: Powered Suction Pump (21 CFR

878.4780, Product Code BTA)

Predicate Device Information

Versatile 1[™] Wound Vacuum System, K042134; cleared on November 15, 2004

Product Description

The product is a portable suction pump for general purpose drainage or for the promotion of wound healing when used with various accessory wound sealing kits.

Intended Use

The Versatile 1TM Wound Vacuum System is indicated for patients who would benefit from a suction device particularly as the device may promote wound healing or for aspiration and removal of surgical fluids, tissue (including bone), gases, bodily fluids or infectious materials from a patients airway or respiratory support system either during surgery or at the patients bedside.

Substantial Equivalence

This Special 510(k) proposes a modification in materials and labeling for the Versatile 1TM Wound Vacuum System, which were previously cleared under K042134 on November 15, 2004. The indications for use, technology, principle of operation, packaging, and sterilization parameters of the device remain the same as in the predicate cleared 510(k).

Summary of Safety and Effectiveness

The modified Versatile 1TM Wound Vacuum System, as described in this submission, is substantially equivalent to the predicate, unmodified device. The proposed modifications in materials and labeling are not substantial changes or modifications, and do not significantly affect the safety or efficacy of the device.



NOV - 4 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Jasper Benke Director, Quality and Regulatory Affairs BlueSky Medical Group, Incorporate 5924 Balfour Court, Suite D Carlsbad, California 92008

Re: K052456

Trade/Device Name: Versatile 1[™] Wound Vacuum System

Regulation Number: 21 CFR 878.4780 Regulation Name: Powered suction pump

Regulatory Class: II Product Code: BTA Dated: October 19, 2005 Received: October 21, 2005

Dear Mr. Benke:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html

Sincerely yours,

Mark N. Melkerson

Acting Director

Division of General, Restorative and Neurological Devices

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Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

| Division of General, Restorative, and Neurological Devices | | | |
|---|----------------------------------|-----------------|--|
| (Division Sign-Off) | | | |
| Concurrence of CDRH, Office of Device Evaluation (ODE) | | | |
| (PLEASE DO NOT V NEEDED) | VRITE BELOW | / THIS LINE - C | ONTINUE ON ANOTHER PAGE IF |
| Prescription Use (Part 21 CFR 801 Subp | X part D) | AND/OR | Over-The-Counter Use (21 CFR 807 Subpart C) |
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| | | | |
| The Versatile 1 Wound Vacuum System is indicated for patients who would benefit from a suction device particularly as the device may promote wound healing or for aspiration and removal of surgical fluids, tissue (including bone), gases, bodily fluids or infectious materials from a patients airway or respiratory support system either during surgery or at the patients bedside. | | | |
| Indications for use: | | | |
| Device Name: | Versatile 1™ Wound Vacuum System | | |
| 510(k) Number: | K052456 | | |

510(k) Number 205 2456

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